

ARCALYST AND ILARIS PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: Initial: 2 Months; Renewal: 1 Year

NOTE: *If medication is being administered in a physician's office, then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.ghp.georgia.gov.*

PA CRITERIA:

- ❖ Arcalyst is approvable for members 12 years of age or older; Ilaris is approvable for members 4 years of age or older
- AND*
- ❖ Diagnosis must be cryopyrin-associated periodic syndromes (CAPS; includes familial cold auto-inflammatory syndrome [FCAS] and Muckle-Wells syndrome [MWS])

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on "view full text" in the Pharmacy Services box, click on "Prior Approval Process" in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on "view full list" in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.